



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

RECEIVED
Filed this 11 day of JUN, 2021
Document # JUN 11 2021
Fee Paid: ☐ cash ☐ check ☐ credit
By: BY:
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #8 ☐ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Karen A. Grove
Mailing Address: 1816 1st Ave NO Great Falls 59401
Street or PO Box City Zip

Residence Address: Same City Zip
Street City Zip

County of Residence: CASCADE Home/Mobile Phone: 406-788-1246 Work Phone: _____

Email Address: groves20@bresnan.net Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID

☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Karen Grove
Signature of Candidate

6/11/2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 11 day of June, 2021 by Karen A. Grove
Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Great Falls, MT

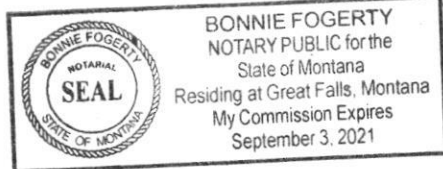
My commission expires: Sept 30 2021

Where to file for Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: sos.mt.gov
By Fax: 406-444-2023

Where to file for County, City and
most Local District offices:

County Election Office
A list of county election offices may
be found at sos.mt.gov/elections





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Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighbor Hood Council 8 ☐ _____ ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Train Grove
Mailing Address: 1816 1st Ave N Great Falls 59401
Street or PO Box City Zip
Residence Address: 1816 1st Ave N Great Falls 59401
Street City Zip
County of Residence: Cascade Home/Mobile Phone: 406-836-2332 Work Phone: _____
Email Address: scobg232@msn.com Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

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FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 11th day of June 2021 by Train Grove
Printed Name of Candidate

Printed Name of Candidate

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls MT

My commission expires: 3/13/22

Where to file for Federal, Statewide,
State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801

Helena, MT 59620-2801

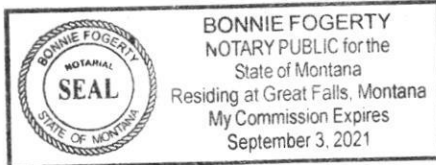
Online: sos.mt.gov

By Fax: 406-444-2023

Where to file for County, City and
most Local District offices:

County Election Office

A list of county election offices may
be found at: sos.mt.gov/elections



NOTARY STAMP



Declaration for Nomination and Oath of Candidacy

APR 29 2021

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☐ cash ☐ check _____ ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council 8 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Johnnie J. Scott

Mailing Address 3425 7th Ave N City and State Great Falls, MT Zip Code 59401

Residence Address 3425 7th Ave N City and State Great Falls, MT Zip Code 59401

County of Residence Cascade Contact Phone 406-217-3120 Email Address johnnie.scott@syngenta.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Johnnie J. Scott
Signature of Candidate

4-26-2021
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

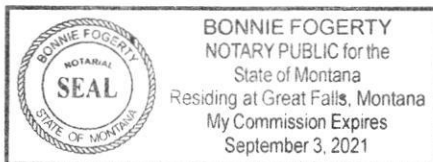
State of Montana

County of Cascade

Signed and sworn to before me this 26th day of April, 2021 by Johnnie J. Scott
Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

Bonnie Fogerty
Printed Name of Notary Public
Notary Public for the State of Montana
Residing at: Great Falls, MT
My commission expires: Sept 3, 2021



[SEAL/STAMP]

Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

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